

Alcohol Studies and Rehabilitation In Virginia

By KENNETH F. LEE, M.A.

Encouraging evidence that a large percentage of chronic alcoholics can be successfully treated is found in the Virginia State Department of Health program for the study, treatment, and rehabilitation of alcohol addicts.

A recent evaluation of 816 treated patients showed that more than half had been helped to attain sobriety; about one-fourth showed marked improvement; and less than one-fourth showed no improvement.

The State program was established in 1948 by legislative action of the General Assembly of Virginia to determine if State aid can help persons addicted to the excessive use of alcoholic beverages. The program was not set up with the intention of solving the entire problem of alcohol addiction in the State.

Virginia's program on alcoholism is the culmination of the efforts of a number of citizens of the State, aided and advised by nationally recognized authorities on the treatment of alcoholism. The enabling legislation is among the first to assign to a State public health authority the administration of an act to combat alcoholism.

A study of alcoholism within the State provided the basis for developing the program. A research group, the Virginia Advisory Legislative Council, was authorized by the Virginia General Assembly in 1947 to make the investi-

gation and report back to the assembly 60 days prior to the convening of the 1948 session.

Size of Problem

Admissions of alcoholics to penal institutions were surveyed by the research group during the 4 years July 1, 1943, to June 30, 1947. Of the 70,077 jail commitments in the 1944 fiscal year, 29,116 were attributed to alcohol. By the end of the fiscal year 1947, the total of all arrests had increased to 98,034, and the total arrests on account of alcohol were 52,820. Thus, arrests for inebriation increased 81.4 percent during this short period. During the same period, arrests for drunken driving increased 119.3 percent.

Another aspect of the study concerned the number of first admissions, from 1910 to 1946, to the four Virginia State mental hospitals. Inebriates made up 13.7 percent of all first admissions during this period.

The records of three private mental institutions which admitted alcoholics furnished information on the number admitted during a 10-year period, and the records of a fourth were available for a period of 5 years. The average number of first admissions of inebriates to the four private institutions was slightly more than 500 persons annually, the advisory council found.

An estimated number of 15,000 inebriates and 45,000 excessive or problem drinkers in the State was derived from studies made available by the Research Council on the Problems of Alcohol of the American Association for the

Mr. Lee is director of the division of alcohol studies and rehabilitation in the Virginia Department of Health, Richmond, Va.

Legislative Action

The resulting legislation, Senate Bill 304, created the division of alcohol studies and rehabilitation within the Virginia State Health Department. The new division was given the assignment of studying the problem of alcoholism, treating and rehabilitating alcoholics, and promoting a preventive and educational program.

Hospital and clinic facilities for alcoholics accepted for treatment have been established by the Medical College of Virginia within the college hospital, as authorized by the act.

Under the law the director of the division, subject to the approval of the State health commissioner, may set up other treatment facilities in the State, within limitations of the appropriation.

To finance the program, the assembly appropriated \$116,525 for the fiscal year 1950-51 and \$117,325 for the year 1951-52. As a supplement to the official grant, patients who are able must pay the actual cost of their hospital care and treatment. In the administration of the act, it has proved feasible to have the patient pay at least part of the cost if he cannot afford the entire expense.

In planning the program, the Virginia State Health Department, as directed by the act, has sought the help and advice of established agencies in the country. Among the advisory agencies have been the Connecticut Commission on Alcoholism and the Yale Plan Clinic, the alcohol clinic of the Peter Bent Brigham Hospital in Boston, Mass., and the Payne Whitney Clinic of the New York Hospital and the alcohol service of the Knickerbocker Hospital, both in New York City.

Organization

Two standing advisory committees have been designated to aid the division of alcohol studies and rehabilitation.

The medical advisory committee has nine physicians representing the specialties of neuro-psychiatry, internal medicine, and pharma-

cology. Seven are from Virginia and two from outside the State. The tenth member of the committee is a sociologist. This committee meets on call by its chairman and has contributed much to the organization of the division's activities and treatment procedures.

On the general advisory committee are eight persons representing the fields of education, religion, social service, private business, and organizations particularly interested in the social problems of alcoholics.

The staff of the division has a full-time administrative director who is responsible for the operation of the program, a medical director, and three physicians who are employed on a part-time basis. In addition, there are two psychiatric social workers and a clerical staff of five. The services of a clinical psychologist are used when psychological studies are needed.

Treatment

An out-patient clinic was established October 16, 1948, at the medical college hospital, and the in-patient facilities opened April 12, 1949.

At the end of January 1952, a total of 1,048 patients had been accepted for treatment—171 were initially accepted on an out-patient basis; 877 began treatment in the hospital.

Of the 1,048 patients, 138 were women and 910 were men. They have come from 64 of Virginia's counties and 21 of its towns and cities. Most of the patients have been between the ages of 36 and 40. The second largest group has been between the ages of 31 and 35. Only 17 patients have been less than 25 years old.

Admission

Eligibility for treatment is suggested by the act. Any citizen of the State who has become unable to care for himself through the excessive use of alcoholic beverages, or who is a burden to the public, may voluntarily request admission to the treatment facilities.

No patient is accepted for treatment against his will. But he may be referred by relatives, friends, ministers, physicians, social agencies, the courts, members of Alcoholics Anonymous, or by employers.

The limited facilities make it impossible to

accept all persons who apply. However, an effort has been made to select patients who represent various alcoholic problems with respect to age, sex, race, occupation, marital status, family background, and drinking patterns.

Unless the patient is in an acute alcoholic state at the time of admission or is in need of special diagnostic studies or treatment requiring hospitalization, his course of treatment begins in the clinic with an application interview.

A member of the staff tells the patient the general purpose of the clinic and orients him in the regime of treatment.

He is told that the clinic does not expect to give him a treatment lasting a few days or weeks. He learns that successful rehabilitation requires that he adhere to a prescribed, long-range treatment program administered by physicians, psychiatrists, social workers, and psychologists.

All treatment is prescribed and supervised by the medical director or by a staff physician assigned to the patient.

Special Services

All patients accepted for treatment are given a complete medical examination, and each of them undergoes an examination by a psychiatrist. A social history is taken and a psychological test is made if the physician in charge believes they are advisable.

Occasionally the physical examination will reveal a physical ailment that is influencing the patient's desire to drink—a condition that must be treated if the patient is to overcome his drinking problem.

Psychiatric guidance is an important part of the treatment. The patient's work with the psychiatrist, which often begins in the hospital, continues during visits to the out-patient clinic. During the sessions, the patient can discuss his difficulties with someone who does not condemn him, and who can often help him gain insight into his problems and guide him into better management of his life.

The social history, gathered by a medical social worker, provides information the staff members may use in understanding and helping the patient with any problems he may have in his family, social relationships, or employment.

It has often been necessary to work with a patient's husband or wife, or other relatives, and the patient's employer to learn more about his condition and to help members of the family as well as the employer to accept some of the patient's limitations.



Staff members hold frequent conferences to consider the patients' applications, records, and progress during treatment, and to develop appropriate treatment procedures. Shown are the medical director, psychiatric social workers, administrator, and staff secretary.

Psychological tests provide information about the patient's intellectual capacity and personality that is valuable in planning treatment and in determining whether he is suited to his present job.

After the testing is completed, a plan of treatment is developed for each patient, taking into consideration his own particular problems, capacities, and limitations.

Every patient who is physically and otherwise qualified is given an opportunity to volunteer to take the drug Antabuse as a part of his treatment plan. Antabuse is started while the patient is still in the hospital, and he continues its use daily while under supervision as an out-patient.

Follow-Up Treatment

A vitally important phase of the program is the follow-up treatment which all patients receive whether they begin treatment in the hospital or on an out-patient basis. This follow-up care covers a period of months and for some patients has continued for more than a year. Some patients have traveled more than 400 miles (round trip) to continue treatment.

Recently an out-patient service has been opened at Roanoke, Va., a city of about 100,000

population 165 miles southwest of Richmond. Patients making application at this clinic may be referred to the hospital facility at Richmond for treatment, or they may receive treatment on an out-patient basis at Roanoke, depending on their needs. This clinic reduces the distance a number of patients from this area of the State have had to travel to obtain the important follow-up treatment after leaving the hospital.

Employment Adjustment

Cooperation of employers has made possible many suitable work adjustments. During the past 3 years, the division has assisted more than 300 patients with their employment problems. Each staff member looks upon this aid as a part of his service to the patient. Sometimes the assistance consists of a talk with a previous employer. On other occasions, it has been necessary to make arrangements for employment in an entirely new field. Conferences with employers have led to other referrals for treatment by employers who wish to retain the services of a valuable man. An employer may seek aid for a skilled worker with many years of experience who is beginning to build up a serious record of absenteeism, particularly during the early part of the week. The return to useful, self-satisfying, remunerative employment is one of the worth-while services that may be provided the alcoholic.

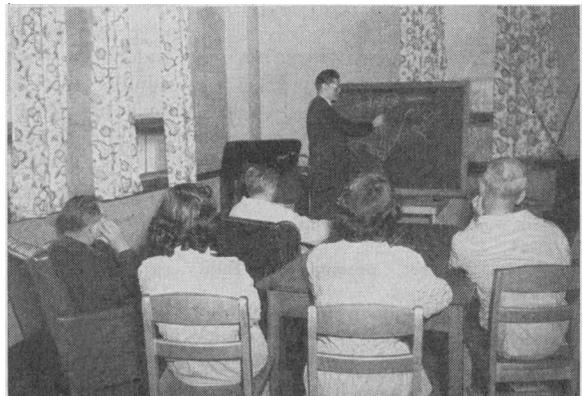
Experimental Research

Concurrently with the treatment of alcoholic patients, a basic experimental research program has been inaugurated through the assistance of the professor of pharmacology and the research professor of biochemistry at the Medical College of Virginia. Two full-time research assistants are conducting the studies. Under study are (a) the effects of alcohol on cholesterol metabolism; (b) the effects of alcohol on carbohydrate and fat metabolism; (c) the possible detrimental effects of alcohol on the production of fatty livers; (d) basic experimental studies dealing with methods of treating acute alcoholic intoxication; and (e) the effects of environment and various commonly used drugs on the pharmacological action of alcohol.

These experimental studies sponsored by the division at the Medical College of Virginia are a part of the pioneer activities in this field now being conducted throughout the country.

Educational Activities

The preventive or educational aspect of the program is another important phase of the work. However, during the first several years the division has emphasized rehabilitation in order to obtain concrete evidence that alcoholism is a remedial condition. Although the



During daily group sessions, staff members explain technical aspects of alcoholism and the patients discuss some of the factors that led to their illness. The sessions include movies with appropriate discussion of the film before and after the movie.

limited facilities of the service have made an intensive educational program impractical, several educational activities have been developed. Members of the staff have spoken before numerous groups. Scientific articles have been printed and distributed. The March 1951 issue of the Virginia Health Bulletin, published by the Virginia State Health Department, was devoted to the activities of the division, and copies have been sent to other States, to all public schools in the State, to physicians, social workers, and others interested in the alcohol problem.

Possibly the most important activity is the annual symposium held by the division. Addresses presented by national authorities at the several sessions have been both beneficial and interesting to those concerned with the alcohol problem.

Program Appraisal

An appraisal of the results of treatment for the 3 years the division of alcohol studies and rehabilitation has been in operation is difficult. However, an evaluation of the therapeutic results for 816 patients made at the end of October 1951 showed that 57.2 percent have been helped to attain sobriety. Patients in a second group, 22.5 percent, have shown improvement in family relationships. They have lengthened their

periods of sobriety, and their employment situation is considerably improved. Persons in a third group, 20.3 percent, have, so far as can be determined, shown no improvement.

These results during the first 3 years of the division's activities appear to confirm the opinion of the State legislature that a large percentage of chronic alcoholics can receive benefit and make improvement in interrupting their drinking patterns through a program of rehabilitation.



Fears of Children

16 mm., sound, black and white, 30 min., 1951.

Audience: Teacher, parent, and child study groups.

Available: Loan—Inquire State health departments. Purchase—International Film Bureau, Inc., 6 N. Michigan Ave., Chicago 2, Ill.

Part of the series, "Emotions in Everyday Living," this film was prepared for the Oklahoma Department of Mental Health by the Mental Health Film Board and produced by Herbert Kirkow Productions. It has been approved by the National Institute of Mental Health, Public Health Service.

The film dramatizes some of the emotional problems common in childhood by telling the story of a 5-year old youngster, Paul, and the part that fear plays in his development. These fears—of the dark, of being alone, of new situations—prevent him from enjoying experiences



other boys enjoy. They create tension and anxiety between the boy and his parents, who have unintentionally accentuated the boy's problems by being both overprotective and unduly severe.

Paul's difficulties come to a head while he is exploring a cave with a friend. Paul reaches a state of panic. Alarmed, his mother talks this episode over with another mother and begins to understand how some of her own actions have contributed to her son's problems.

On another occasion, Paul is engulfed in a terrifying dream. His father, in questioning his own part in creating some of Paul's disturbances, learns to see the child's fears in a clearer light, and becomes better prepared to help the boy develop healthy mental patterns.

Farewell to Childhood

16 mm., sound, black and white, 23 min., 1951.

Audience: Appropriate teacher, parent, and child study groups.

Available: Loan—Inquire State health departments. Purchase—International Film Bureau, Inc., 6 N. Michigan Ave., Chicago 2, Ill.

This film is part of the series, "Emotions in Everyday Living." It was prepared for the North Carolina Board of Health by the Mental Health Film Board, and produced by the Julien Bryan International Film Foundation. It has been approved by the National Institute of Mental Health, Public Health Service.

"Farewell to Childhood" develops, in dramatic form, the story of Susan



Stewart, a normal teen-ager, and the difficulties she and her parents have in coping with the changes taking place in Susan's outlook and attitudes as she leaves childhood and enters adolescence. The girl longs for the independence and privileges of adulthood, but at the same time she fears them.

Her parents are bewildered by their daughter's behavior and her growing antagonism to their supervision. The inability of the parents and the girl to understand one another reach a climax when Mr. and Mrs. Stewart confront Susan as she returns late from a party one night and embarrass her and her escort with accusations and mistrust.

The girl withdraws from them, finding refuge in daydreams and in her admiration for her school counselor, which further distresses her parents. An approach to the solution of these difficulties is achieved when the counselor visits Susan's parents and helps develop in them a deeper understanding of their daughter's emotional "growing pains." A closer relationship between the girl and her parents results, making the thorny road easier for each of them.